

Exhibit
1-BB

November 12, 2014

RE: James Hill
 DOB: 1/1/1965
 GIA#: 309217

PATIENT MDOC: 36106

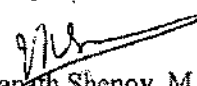
Chief complaint: Dysphagia.

History of present illness: The patient is here for followup. He complains of dysphagia despite esophageal dilation. He has had two esophageal dilations by two different GI doctors. He has dysphagia for solids and liquids. He has gained weight. He is quite upset that prison is not treating his hepatitis C. He has worsening urination.

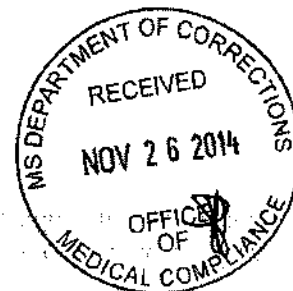
Physical examination: Exam reveals no adenopathy. Lungs are clear. Heart exam regular rhythm. No gallop or murmur. Abdomen is soft and nontender.

Assessment and plan:

1. Dysphagia. Perform esophageal manometry to exclude achalasia. Manometry machine is nonfunctional at CMMC. We will perform the manometry as soon as the machine is up and running. He will be referred to Dr. Smith-Venice for manometry. ✓
2. Obtain urology consultation recommended to the nurse. ✓
3. Obtain lab work and treat for hepatitis C with Harvoni one tablet daily for three months. Harvoni is very expensive. I clearly told the patient that it is up to the prison to get him the medication. ✓


 Vishwanath Shenoy, M.D.
 VS/vj/ams - 175425

cc: Gloria Perry, M.D.
 Nurse Barton
 Nurse Funches



www.gi.md

Exhibit
2-BB(Complete and Fax to MDOC Specialty Care Coordinator at 601-359-5165.) Date of Service 11/12/14**MDOC Specialty Provider Consultation Report**Inmate: JAMES HILLMDOC#: 36106Specialty Provider: Dr. V. SHENDY

Provider's Number: _____

Health Services Authorized (See Attached Consultation Request Form)

- For security reasons, inmates must NOT be informed of recommended treatment or possible hospitalization.
- Due to security considerations, all tests and treatments are to be scheduled by MDOC.

Review of Case

Dysphagia persists despite
 → c/o "worsening" urination
 No Δ in exam

AP:
 - Arrange esophageal manometry
 - Urology consult
 - arrange Hepatitis C PCR quantitative

Diagnosis and Prescription Suggestions to be Reviewed by the MDOC Specialty Care Clinic Medical Director or his/her designee
 (Refer to MDOC formulary)

Hepatitis B DNA PCR
 quantitative

Arrange for Harvoni - 1 tab daily for

Can equivalent medication substitution be used? Y N

Follow up needed? Y N

If follow up needed, explain purpose

once lab work is done
 (Hepatitis C drug)

3 months

Specialty Provider Signature _____

Date: / /
 Recommendation After Review of Consultant's Report: ☐ No Further Action ☐ Implement the Following:

MDOC Specialty Care Clinic Medical Director: _____

Date: / /

Send Invoice to:
 MDOC Office of Medical Compliance
 Attn: Medical Claims Processor
 633 N. State Street
 Jackson, MS 39202



GLORIA PERRY, MD
723 North President St.
Jackson, MS 39202

Date: Wednesday, October 01, 2014
Patient: James Hill
Birth Date: 1/1/1965 (49 years)
ID #: 2963958
Endoscopist (s): Vishwanath N. Shenoy, M.D.

Dear Dr. PERRY,

Thank you very much for sending Mr. Hill to me for evaluation with EGD.

INDICATIONS:

- DYSPHAGIA/ODYNOPHAGIA
- ABD PAIN-EPIGASTRIC

FINDINGS ON THE UPPER ENDOSCOPY:

Esophagus:

Lumen: A benign intrinsic stricture was seen in the gastroesophageal junction. The scope traversed the lesion. A 51FR Savary dilator was introduced for dilation and the diameter was progressively increased to 51 FR successfully.

Stomach: Normal stomach

Duodenum: Normal duodenum

There were no complications.

IMPRESSIONS:

- Stricture of the gastroesophageal junction (dilation)

RECOMMENDATIONS:

- Abdominal Ultrasound
- esophageal manometry.

FOLLOW-UP PLAN:

Follow-up with endoscopist within 6 weeks

Sincerely,

V. N. Shenoy

Vishwanath N. Shenoy, M.D.

Electronically signed by Vishwanath Shenoy on 10/1/2014 11:01:28 AM

CC: MDOC, Prison

Patient: James Hill (2963958)

Location: CMMC



Patient Discharge Instructions

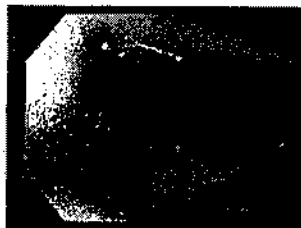
Date: Wednesday, October 01, 2014

Birth Date: 1/1/1965 (49 years)

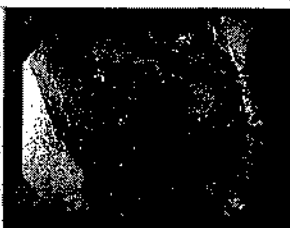
Patient: James Hill

ID #: 2963958

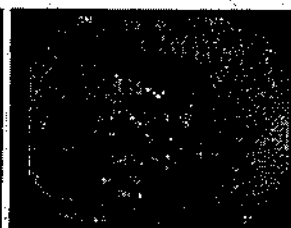
Endoscopist(s): Vishwanath N. Shenoy, M.D.



GE junction



GE junction



antrum



vocal cords

Dear Mr. Hill:

We performed an upper endoscopy today based on the following indications:

- DYSPHAGIA/ODYNOPHAGIA
- ABD PAIN-EPIGASTRIC

During the procedure we found the following:

- Stricture of the gastroesophageal junction (dilation)

Our recommendations are as follows:

- Abdominal Ultrasound
- Follow-up with endoscopist within 6 weeks
- esophageal manometry.

It is very important that you follow these instructions:

- You may have a mild sore throat or hoarseness after the procedure. This is because of the tube and the anesthetic.
- You may feel nauseated today. This sometimes happens because of the medications that are used. This should get better within a few hours. If your nausea continues for more than 24 hours contact our office.
- Begin taking small sips of water and progress to solid foods gradually as you are feeling better. Do not force foods.
- You should not get any pain from this procedure. If you get chest pain or abdominal pain please call our office.
- Do not drive any motor vehicle or operate dangerous equipment for 24 hours. Weakness and lack of coordination are the result of the medications that were administered during the procedure.
- Do not conduct important business or sign any legal documents on the day of the procedure, since you may feel drowsy from the medications that were administered today.
- If you have redness or swelling at sites where medications were given, place a warm wet washcloth over the affected area for twenty minutes. If the symptoms persist for over two days please contact our office.
- Call our office if you develop fever greater than 101 degrees or chills during the next 48 hours.
- Do not drink any alcoholic beverages for 24 hours after discharge.
- Do not gargle for 1 hour.
- Thank you for using Central Miss. Medical Center for your procedure.

Exhibit
5-BB

1421 N. State Street
Suite 203
Jackson, MS 39202
601.355.1234

106 Highland Way
Suite 101
Madison, MS 39110
601.355.1234

1815 Mission 66
Vicksburg, MS 39180
601.638.8801

Physicians

Albert F. Chiempabha, MD

Pierce D. Dotherow, MD

Reed B. Hogan, MD

Reed B. Hogan, II, MD

Ronald P. Kotfida, MD

Jeffrey B. McCrary, MD

J. Trippe McNeese, MD

Paul B. Milner, MD

Michelle A. Petro, MD

Vonda Reeves-Darby, MD

Matt Runnels, MD

Vishwanath N. Shenoy, MD

James A. Underwood, Jr., MD

E. Stephens Weeks, Jr., MD

Jane-Claire B. Williams, MD

Mark E. Wilson, MD

Cindy Haden Wright, MD

Pediatric

Sara Rippet, MD, MSCI

Angela B. Shannon, MD

Pathology

Keith Brown, MD

Samuel Hensley, MD

Jason K. Jones, MD

September 17, 2014

RE: James Hill
MDOC#: 36106
DOB: 1/1/1965
GIA#: 309217

Chief Complaint: Dysphagia.

History of Present Illness: The patient is a middle-aged inmate who has been having intermittent dysphagia for solids and liquids. He states food regurgitates a few minutes after ingestion. He denies any heartburn. He has some weight loss. Appetite is fair. He has some upper abdominal discomfort.

Past Medical History: He had recent colonoscopy and internal hemorrhoidal banding for rectal bleeding. The rectal bleeding has resolved. He has had recent esophageal dilation. The dilation did not really help his dysphagia. He denies any heartburn. He has hepatitis C and has not had any treatment for hepatitis C in the past. He has hypertension.

Current Medications: Prior to admission, metoprolol, KCl, Colace, Lasix, Cardura, gabapentin, clonidine, pantoprazole, and fiber laxative.

Social History: Ex-smoker. Denies intravenous drug use. Denies alcohol overuse.

Review of Systems: He states the food regurgitates if he bends over. He states the food sometimes regurgitates through his nose. He has some weight loss. He has some epigastric discomfort. There is no blood in the stool or melena. No exertional chest pain.

Lab Work: White count 4000, hemoglobin 14 g, MCV is 90, platelets 92,000, neutrophils 66%, blood sugar 110, BUN 17, creatinine 1.0, sodium 146, potassium 4.2, enzymatic CO2 27, calcium 9.3, albumin 4.5, AST was 36, ALT 45, alkaline phosphatase 77, and alpha-fetoprotein was 4.1.

Assessment and Plan: The patient has dysphagia and regurgitation of ingested food. He could be having esophageal stricture, esophageal motility disorder, or gastroparesis or gastric outlet obstruction.



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Exhibit
6-BB

1000 3rd Street
Suite 101
Hartford, CT 06103
Tel: 860.525.1234
Fax: 860.525.1234
1000 Highland Way
Suite 101
Hartford, CT 06103
Tel: 860.525.1234
Fax: 860.525.1234
1000 Main Street
Suite 101
Hartford, CT 06103
Tel: 860.525.1234
Fax: 860.525.1234

RE: James Hill
DOB: 1/1/1965
Page Two

Recommendation: EGD with esophageal dilation and biopsy. Risks of EGD such as bleeding infection, perforation, risks secondary to sedation discussed in detail with the patient. The patient is agreeable for endoscopy.

Thank you for allowing me to participate in the care of Mr. James Hill.



Vishwanath Shenoy, M.D.
VS/vj/ams - 181805

cc: Gloria Perry, M.D.
Nurse Funches
Nurse Barton



Exhibit
7-BB

(Complete and Fax to MDOC Specialty Care Coordinator at 601-359-5165.) Date of Service 9/17/14

MDOC Specialty Provider Consultation Report

Inmate: James Hill MDOC#: 36666

Specialty Provider: Dr. V. Shenoy Provider's Number: _____

Health Services Authorized (See Attached Consultation Request Form)

- For security reasons, inmates must NOT be informed of recommended treatment or possible hospitalization.
- Due to security considerations, all tests and treatments are to be scheduled by MDOC.

Review of Case

dysphagia +
Heart burn ⊖
regurgitation +

wt. loss → 45 lbs

Esophageal dilation +
Rx for H. pylori

PMH → - C- Scope
- Hemorrhoidal banding +
- DM +

SH - Ex. Smoker
Poly drug abuse

Diagnosis and Prescription Suggestions to be Reviewed by the MDOC Specialty Care Clinic Medical Director or his/her designee (Refer to MDOC formulary)

HCV + HBV +

FA - Gouty CRC

rectal
Blood +

ATI - NKA

- Constipation +

Can equivalent medication substitution be used? Y N Follow up needed? Y N

If follow up needed, explain purpose

Ex: No nodes or thyromegaly
lungs - clear
Heart - rse
abd - soft

Specialty Provider Signature _____ Date: ____/____/____

Recommendation After Review of Consultant's Report: ☐ No Further Action ☐ Implement the Following:

Plan: ✓ EGD + dilation

MDOC Specialty Care Clinic Medical Director: _____ Date: ____/____/____

Send Invoice to:
MDOC Office of Medical Compliance
Attn: Medical Claims Processor
633 N. State Street
Jackson, MS 39202

Exhibit
8-1513

CMCF Unit 720

3794 Highway 468 PO Box 88550 Pearl, MS 39208
Phone: Fax:

October 14, 2014
Page 1

Patient Information For: JAMES I HILL

MDOC#: 36106

Housing Loc: CMCF, CMCF 720, BLD B, ZONE C, BED 0218

Receipt for Medical Product

10/14/2014

Inmate Name: JAMES I HILL

MDOC #: 36106

Medical Product:

Large knee brace

Date Received:

10/14/14

I verify that I have received the medical product named above. I understand I am fully responsible for the care of this item. I further understand that I may be required to pay for any repair or replacement.

X James I Hill
Inmate Signature

10/14/2014
Date

X CMCF
Signature of Health Care Staff Dispensing Product

10/14/14
Date

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11/3/2014 12:43:03 PM PAGE 2/002 Fax Server

Exhibit
9-BB

Radiology Results
Central Mississippi Medical Center

Patient Name: HILL, JAMES M

DOB: 01/01/1965 Age: 49 Y Patient Status: O Patient Type: O
 Visit #: 2967599 Sex: M Patient Location: OP
 Acc.: 7167747 Completed: 11/03/2014
 Exam: (848) USABDCMP - US ABDOMEN COMPLETE

Requesting Provider: PERRY, GLORIA MANGUM, MD MRN/Pt Num: 0000729439

Attending Provider: PERRY, GLORIA, MD
 633 N STATE ST
 JACKSON, MS 39202

Diagnostic Report Text:

Clinical History
 ABDOMINAL PAIN

ULTRASOUND ABDOMEN COMPLETE

FINDINGS: No priors.

The visualized portions of the head and body of the pancreas are unremarkable. The liver is normal in size and echogenicity and measures 15.7 cm without evidence of hepatic mass or perihepatic fluid. The hepatic vasculature is unremarkable. The gallbladder is normal. No ductal dilatation is identified and the common bile duct measures 3.3mm.

The bilateral kidneys are normal in size and echogenicity the right measuring 12.8 cm and the left 12.0cm. I suspect left hydronephrosis involving the lower pole to a greater degree. The spleen is prominent with a splenic index of 1617 but no discrete lesion. Aorta and IVC are normal in caliber.

IMPRESSION:

1. Fullness to the left intrarenal collecting system involving the lower pole to a greater degree. I am uncertain whether this represents hydronephrosis /caliectasis versus parapelvic cysts.
2. Moderate to severe splenomegaly.

End of diagnostic report for accession: 7167747

Dictated By: OLIVER, JOSEPH, MD
 Transcribed By: OLIVER, JOSEPH, MD 11/03/2014 10:56 AM CST
 Signed By: OLIVER, JOSEPH, MD 11/03/2014 10:56 AM CST

received
 11/03/14/10

11/03/2014 11:41 AM CST

HMA_DiagnosticReportBatch.rpt

Page 1 of 1

1996-111/ 000799

Central Mississippi Correctional Facility
 3794 Highway 468 PO Box 88550 Pearl, MS 39208
 Phone: 601-932-2880 x-6276 Fax: 601-932-3984

September 25, 2014

Page 1

Patient Information For: JAMES I HILL

MDOC#: 36106

Housing Loc: CMCF, CMCF 720, BLD B, ZONE C, BED 0218

Restricted Medical Diet

09/25/2014

Inmate Name: JAMES I HILL

MDOC #: 36106

MEDICAL NOTE: If you do not see the required diet listed on this order form, the dietician must be contacted BEFORE the diet may be produced.

Start Date:

9-25-14

End Date:

9-25-15

DIET ORDER: (Check ONLY ONE diet at a time. Please!)

<input type="checkbox"/>	1.	PEM I (4 Meal Plan for Protein Energy Malnutrition) with H.S. Snack (4000 Kcals),
<input type="checkbox"/>	2.	PEM II (6 Meal Plan for Protein Energy Malnutrition) with 10 a.m. and 2 p.m. + H.S. Snacks (4000 Kcals),
<input type="checkbox"/>	3.	"Cardiovascular:" Low Fat/Chol/Sat/Bland (<300 Chol; <30% Fat; 3-4 gm NA),
<input type="checkbox"/>	4.	Renal Dialysis (80-85 gms Protein - 2 gm NA - 3 gm K) with H.S. Snack,
<input type="checkbox"/>	5.	Acute Hepatitis/Cirrhosis [Non Acute Encephalopathy (80-85 gms Protein - 3000 Kcals)],
<input type="checkbox"/>	6.	Mechanical Dental (Chewing problems),
<input type="checkbox"/>	7.	Purced Food (no teeth or Dysphagic),
<input type="checkbox"/>	8.	Full Liquid (3 Days Only),
<input type="checkbox"/>	9.	Clear Liquid (2 Days Only),
<input type="checkbox"/>	10.	High Protein - Full Liquid (30 Days Only for Broken Jaws/"Bloody Socket").
<input type="checkbox"/>	11.	Pregnancy Diet (with H.S. Snack) NOT to exceed 9 months from start date,
<input type="checkbox"/>	12.	No Concentrated Sweets with H.S. Snack,
<input type="checkbox"/>	13.	1500 Calorie A.D.A. Diabetic with H.S. Snack,
<input type="checkbox"/>	14.	1800 Calorie A.D.A. Diabetic with H.S. Snack,
<input type="checkbox"/>	15.	2200 Calorie A.D.A. Diabetic with H.S. Snack,
<input type="checkbox"/>	16.	2600 Calorie A.D.A. Diabetic with H.S. Snack,
<input checked="" type="checkbox"/>	17.	3000 Calorie A.D.A. Diabetic with H.S. Snack
<input type="checkbox"/>	18.	Isolation Styrofoam Tray for diet

I have been counseled on this diet, understand the plan and agree to follow the rules of eating the diet every day. I also understand that if I do not pick up the diet tray and sign for it at each meal, the consequence will be the cancellation of my diet tray by Food Service per the direction of the Medical Director.

Inmate's Signature:

[Signature]

Date:

9/25/014

Comments:

Authorized Medical Signature:

[Signature]

Date:

9/25/14

MS DOC

07/01/06

1996-111/ 000826

04/30/2014 09:55

6012490582

GI CLINIC

PAGE 04

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4/15/2014 12:57:50 PM PAGE 12/014

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FINAL Surgical Pathology Report for HILL, JAMES (S14-1710)



SOUTHWEST MISSISSIPPI
REGIONAL MEDICAL CENTER
"A Division of Southern Health System"

DEPARTMENT OF PATHOLOGY

515 PATRICK AVENUE
MOBILE, MS 36688
PHONE: 601-249-1400
FAX: 601-249-1337
TDD: 601-249-1337

Exhibit
11-BB

Patient Name: HILL, JAMES

Patient D.O.B.: 01/01/1965

Patient Sex: M

Submitter Name: STEPHEN KEITH, MD

Location: NID

Unit Record#: A000405690

Account#: A1500111912

Collection Date: 04/11/2014

Collection Time: 12:14

Case Number: S14-1710

Received Date: 04/11/2014

Accession Date: 04/12/2014

Accession Time: 08:21

DIAGNOSIS:

GASTRIC BIOPSY: DIFFUSE CHRONIC GASTRITIS WITH FOCI OF ACTIVITY AND REACTIVE CHANGE.
HELICOBACTER TYPE ORGANISMS ARE IDENTIFIED ON A DIFF QUIK STAIN WITH APPROPRIATE CONTROL.
SEE COMMENT.

DB/PSM

COMMENT:

Due to the inflammation with foci of reactive change a more serious process cannot be fully ruled out.
If clinically indicated additional studies after treatment may be helpful in further evaluation of this most interesting case.
Clinical correlation suggested.

see
←

Clinical Information:

Abdominal Pain

Gross Description:

Labeled as coming in a single formalin filled container with the patients name, James Hill, surgical number and "gastric biopsy."

Specimen consists of tan gray fragments of tissue that together in loose aggregate measure 0.2 cm in greatest dimension. Submitted together in toto for processing in cassette 1A.

DB/pam

Electronically Signed Out By:

Isaac D. Broussard, M.D., F.C.A.P.
(Cap) signed 04/15/2014 at 11:50

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DR. BROUSSARD, M.D., F.C.A.P.

LAWAN BURTON, M.D., F.C.A.P.

TURNER WILSON, M.D., F.C.A.P.

1 of 1

Original

Exhibit
12-BB

AN ARTIFICIAL WATERMARK IS ON THE BACK • HOLD AT AN ANGLE TO VIEW THIS MARK

GASTROENTEROLOGY ASSOCIATES
INTERRELATION WITH SOUTHWEST MISSISSIPPI REGIONAL MEDICAL CENTER

Stephen Kelly, M.D. MS Lic # 21847
Mary W. Thornton, C.F.N.P. MS Lic # R533088

MEDICAL ARTS BUILDING
300 RIVERS DR., Suite 1200
McComb, MS 39648
(601) 249-4710

PATIENT'S FULL NAME James Fairly PHONE NUMBER _____ AGE _____ SEX _____

ADDRESS James Fairly DATE 05/16/14

R

For 2 weeks

☐ Refills 1 2 3 4 DEA# _____
☐ No Refills Void After _____ VALID FOR CONTROLLED SUBSTANCES

D. Stephen Kelly DISPENSE AS WRITTEN

SUBSTITUTION PERMITTED

PRINT ON BACK IS PRINTED IN DISAPPEARING INK. RUB BRISKLY TO ACTIVATE • CHEMICALLY SENSITIVE PAPER

04/30/2014 09:56
Fax Server

6012490582

GI CLINIC

4/13/2014 10:15:09 PM PAGE 1/003 Fax Server

PAGE 02

Exhibit
13-BB

Southwest Mississippi Regional Medical Center
PO Box 1307
215 Marion Ave
McComb, MS 39648

Patient Name: HILL, JAMES
DOB: 01/01/1963
MRN: 000405690
Acct No: 1500111912

HILL, JAMES
#1500111912

DATE OF PROCEDURE: 04/11/2014

PROCEDURE: Esophagogastroduodenoscopy.

PREOPERATIVE DIAGNOSES:

1. Dysphagia.
2. Epigastric pain.
3. Blood in stool.

POSTOPERATIVE DIAGNOSES:

1. Peptic stricture seen in the distal esophagus.
2. Submucosal hemorrhages of the fundus.
3. Prepyloric erosions.
4. Helicobacter pylori biopsies obtained.
5. Esophageal dilatation with an 18 mm balloon.

PROCEDURE REPORT IN DETAIL: After informed consent was given for EGD and colonoscopy, he was brought into the Endoscopy suite at SMRMC and placed in the left lateral decubitus position with the continuous monitoring of vital signs and oxygenation. He was given sedation by the nurse anesthetist. After a bite block was placed, the gastroscope was inserted in the mouth and the esophagus was intubated. The esophagus did appear unremarkable for mucosal breaks. Distally there was a stricture. The cardia, fundus, and body were inspected with submucosal hemorrhages of the fundus. There were erosions distally in the antrum. The pylorus as well as the duodenal bulb and descending duodenum were normal with retroflexion showing no significant abnormalities other than the submucosal hemorrhages. An 18 mm balloon was then advanced and the distal esophagus was dilated to 18 mm for 60 seconds. Subsequently, all the excess air was then withdrawn before removal of the scope after the balloon was deflated and he was then turned in stable condition with no apparent complications for colonoscopy.

✓ IMPRESSION: ✓

- ✓ 1. Submucosal hemorrhages of fundus. ✓
- ✓ 2. Erosions of the antrum especially in the distal portion. ✓
- ✓ 3. H pylori biopsies taken. ✓
4. Peptic stricture.
5. Esophageal dilatation with an 18 mm balloon.

PLAN:

1. Proceed with colonoscopy.

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4/24/2014 9:22:11 AM PAGE 3/004 Fax Server

Exhibit
14-BB

Southwest Mississippi Regional Medical Center
PO Box 1307
215 Marion Ave
McComb, MS 39648

Patient Name: HILL, JAMES
DOB: 01/01/1965
MRN: 000405690
Acct No: 1500111912

HILL, JAMES
#1500111912

DATE OF PROCEDURE: 04/11/2014

PROCEDURE: Esophagogastroduodenoscopy.

PREOPERATIVE DIAGNOSES:

1. Dysphagia.
2. Epigastric pain.
3. Blood in stool.

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✓ IMPRESSION:

- ✓ 1. Submucosal hemorrhages of fundus.
- ✓ 2. Erosions of the antrum especially in the distal portion.
3. H pylori biopsies taken.
4. Peptic stricture.
5. Esophageal dilatation with an 18 mm balloon.

PLAN:

1. Proceed with colonoscopy.
2. Await biopsy results.
3. Continue Protonix 40 mg daily 30 minutes before breakfast.

PRINTED BY: knobler

DATE 04/24/2014

gpb
4/29/14

HILL, JAMES

000405690

1500111912

Fax Server

4/24/2014 9:22:11 AM PAGE 2/004 Fax Server

SW MS Regional Medical Center

215 MARION AVENUE
MCCOMB, MS 39648
(601)249-6500

(1500111912)

Exhibit
15-BB

NO INFORMATION OUTPATIENT Registration										
VISIT ID	PATIENT NAME			CALLING NAME		BIRTHDATE	AGE	RACE	SEX	MED REC NO
1500111912	HILL, JAMES			JAMES		01/01/1965	49Y	1	M	000405690
ADMIT TYPE		STATION	ROOMBED	SERVICE	ADMIT DATE / TIME	SOC. SEC. NO	MARITAL STATUS		RELIGION	
ELECTIVE		UNKNOWN LOCAT	UNKNOWN	MED	04/11/2014 08:05	432170865	DIVORCED			
PATIENT ADDRESS (STREET)					CITY, STATE, ZIP		TELEPHONE			
2999 HWY 61 N					WOODVILLE, MS 39665		(601) 888-3199			
ADMITTING PHYSICIAN			ATTENDING PHYSICIAN			PRIMARY PHYSICIAN				
KEITH, STEPHEN			KEITH, STEPHEN							
EMPLOYER			EMPLOYER ADDRESS			EMPLOYER PHONE				
UNEMPLOYED										
EMERGENCY CONTACT 1			EMERGENCY CONTACT 1 ADDRESS			RELATION		PHONE		
COMPLAINT					HOW ARRIVED					
Abdominal Pain					POLICE					
ADVANCE DIR			ADV DIR DATE			SMOKE		RELIGION		
N			Mar 13 2014 5:11PM			Unknown if ever smoked				
GUARANTOR					GUAR. SOC. SEC. NO.		PHONE			
WILKINSON CO. CORRECTIONAL CENTER.							(601)888-3199			
GUARANTOR ADDRESS					FINANCIAL CLASS		FC CODE			
2999 US 61					OTHER COMMERCIAL		O			
WOODVILLE, MS 39669										
EMPLOYMENT			EMPLOYER'S ADDRESS			PHONE				
CARRIER		PRIMARY INSURANCE CO.			PRIMARY INSURANCE CO. ADDRESS			PHONE		
600100		WILKINSON COUNTY CORRECTIONAL			2999 HIGHWAY 61 NORTH WOODVILLE, MS 39669			(601)247-6248		
POLICY NUMBER		GROUP NUMBER		GROUP NAME		INSURED NAME		RELATION		
432170865				WILKINSON COUNTY COR		WILKINSON CO. CORRECTIONAL CENTER		Patient is Insured		
CARRIER		SECONDARY INSURANCE CO.			SECONDARY INSURANCE CO. ADDRESS			PHONE		
POLICY NUMBER		GROUP NUMBER		GROUP NAME		INSURED NAME		RELATION		

82210008 (02/13)

1FACE

1500111912

1500111912

HILL, JAMES

01/01/1965

KEITH, STEPHEN

MID

887910

PRINTED BY: knob

SMRMC ADMISSION RECORD

04/24/2014

04/11/2014 08:05

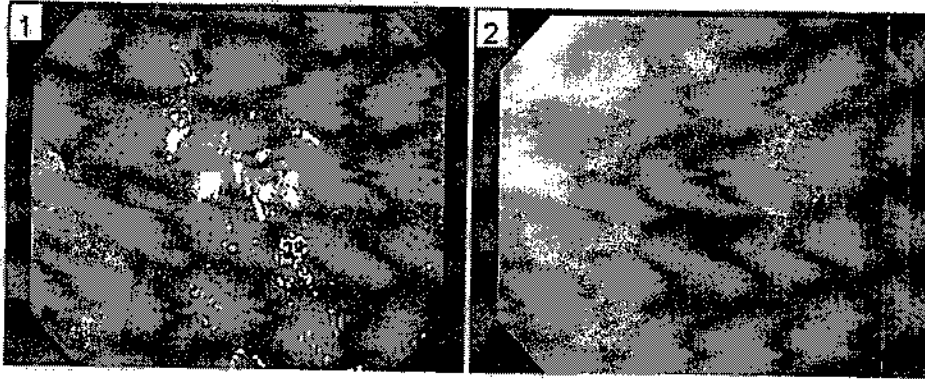
49Y Male UNKNOWN_ROOM

Southwest Mississippi Regional Medical Center
Esophagogastroduodenoscopy Exam Images

Patient: James Hill
Patient ID: MRN-000405690
Exam Date: 04/11/2014

Attending Physician: Stephen Keith M.D.
Referring Physician:

Exhibit
16-BB



[Handwritten signature]
4/20/14

Southwest Mississippi Regional Medical Center
Colonoscopy Exam Images

Patient: James Hill
Patient ID: MRN-000405690
Exam Date: 04/11/2014

Attending Physician: Stephen Keith M.D.
Referring Physician:

Exhibit
17-B13

